



North Street. Isleworth, Middlesex. TW7 6RQ.  
Tel: 020 8560 6721. Email:admissions@theblueschool.com

Reference Request in respect of an application for a place under criteria  
1, 2, 4 and 5 in the Nursery class at the above school.

## PART A

**Part A** of the form to be completed by the applicant's parents or guardians and then taken to their vicar/minister/religious leader, with a request that they fill in **Part B** of the form and return **both forms** directly to the school by **4.30pm the 6th March 2026**

### PART A

Child's Name:.....  
Date of Birth:.....Boy / Girl - Please circle  
Names of sibling(s) in school.....  
Parent/Guardian's Name & Address:.....  
.....  
Email Address.....  
Name and address of place of worship:  
.....  
.....  
Telephone number:.....

**Looked After Child** (see note 4h): Yes ☐ No ☐ (Mark an X in the appropriate box)

If you are applying for a place under criterion 3 ('All other looked after children and previously looked after children') you do not need to complete part B of the SIF form.

**How many hours do you require:**

15 hours ☐ 30 Hours ☐ (Please put a X in the appropriate box)

**Prior to the application period 01/01/2026 -06/03/2026 (see Note 1)**

Have you attended church (or other place of worship) for:

At least 2 years – yes / no (please circle)

At least fortnightly – yes / no (please circle)

Signature of Parent/Guardian.....

Date: .....

Office Use ONLY

Criteria : \_\_\_\_\_

Sibling: Y / N

Distance: \_\_\_\_\_

## PART B

To the Parish Vicar/Minister/Religious Leader

### **PART B**

*Would you please answer the following questions and return the form directly to the school.*

1) Child's full name: .....

**Prior to the application period 01/01/2026 - 06/03/2026(see Note 1)**

2) Has the parent/s attended services for at least two years? Yes / No (please circle).

3) Has the parent/s attended at least fortnightly? Yes / No (please circle).

4) Name of Vicar/Minister/Religious leader: .....

Address:.....

.....

.....

.....

.....

Telephone Number.....

Please confirm whether your organisation is a member of:

Church of England ☐

Churches Together in Britain and Ireland ☐

The Evangelical Alliance ☐ Membership no:.....

None of the above ☐

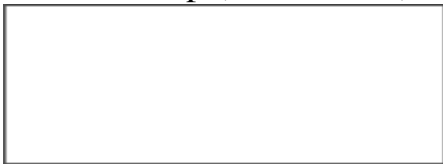
Vicar / Minister / Religious Leader Signature:

**First** Church Official.....Print Name.....

**Second** Church Official\* .....Print Name.....

\* **TWO religious officials** are required in line with the school's safeguarding practice. This is to act as a witness to your signature. It may be a Deacon, Elder, Church Secretary, Administrator, Lay Leader or other Faith Leader who is in a position of recognized leadership/role in your Church/Institution.

Official Stamp (if available)



Date:.....

The Admissions Panel will use this information in order to inform their decisions. This will be done in order to ensure that all places are allocated in accordance with our admissions criteria in the most equitable way possible.